



CITY OF SURPRISE VOLUNTEER APPLICATION

NAME: Last _____ First _____ Middle Initial _____

ADDRESS: _____ City _____ State _____ Zip _____

PHONE: Home _____ Cell _____ email _____

DRIVER'S LICENSE # _____ Date of Birth _____

All information provided is held in the strictest confidence and is not for public release.

WHAT AREAS WOULD YOU BE INTERESTED IN VOLUNTEERING? Please check all that apply.

PARKS & RECREATION

- ☐ Arts & Crafts
- ☐ Sports Programs
- ☐ Children's Activities
- ☐ Stadium Assistants

Senior Center

- ☐ Senior Programs
- ☐ Van Driver

COMMUNITY DEVELOPMENT

- ☐ Information/Receptionist
- ☐ Office Assistant
- ☐ Assistant Planner
- ☐ Field Assistant

PUBLIC RELATIONS

- ☐ Office Assistant
- ☐ Graphic Artist

FIRE DEPARTMENT

- ☐ Office Assistant
- ☐ Crisis Response
- ☐ Fire Prevention

ADMINISTRATION

- ☐ Office Assistant
- ☐ Customer Service
- ☐ Finance Dept.
- ☐ Legal Dept.

POLICE DEPARTMENT

- ☐ Citizens Patrol
- ☐ Office Assistant
- ☐ Victim's Assistance Unit

SPECIAL EVENTS

- ☐ Volunteer Coordinator
- ☐ Staff/Office Assistant
- ☐ Activity Volunteer

OTHER _____

WHEN ARE YOU AVAILABLE TO VOLUNTEER?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

MONTHS YOU ARE AVAILABLE: _____

WHAT SPECIAL INTERESTS, HOBBIES, SKILLS/TRAINING WOULD YOU LIKE TO SHARE?

PRIOR VOLUNTEER EXPERIENCE: _____

How did you become interested in our volunteer program?

- ☐ Brochure
- ☐ General Awareness
- ☐ Volunteer Referral
- ☐ Community Event
- ☐ Newspaper
- ☐ Volunteer Bureau/Organizations
- ☐ Friend Referral
- ☐ Other _____

Do you have transportation to and from your volunteer job? YES or NO

Do you have any request for reasonable accommodations in order to perform your volunteer duties? YES or NO

EMPLOYMENT EXPERIENCE: Are you presently employed? (Check as many as apply)

_____ Employed Full Time _____ Employed Part Time _____ Unemployed _____ Retired _____ Student

CURRENT OR PREVIOUS EMPLOYER: Company Name: _____
Title: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Duties: _____

EDUCATION: High School Diploma or GED: YES or NO

College or University _____ Major _____ Degree Earned _____
Graduate Studies _____ Major _____ Degree Earned _____

REFERENCES: Please list the names of two people to be contacted for character references:

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged? "Crime" means all felonies, misdemeanors and serious offenses. Examples include, but are not limited to, DWI/DUI, reckless driving and criminal traffic offenses, etc. ☐ Yes ☐ No

Failure to report may render you ineligible to Volunteer. If yes, please explain: _____

Conviction Date	Conviction	Outcome	Misdemeanor	Felony	Brief Explanation
			<input type="checkbox"/>	<input type="checkbox"/>	

EMERGENCY CONTACT INFORMATION: Name: _____
Day Phone: _____ Evening Phone: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____

The City of Surprise is most grateful to those people who are willing to volunteer their time to assist the city through various volunteer programs. As a sign of the changing times, laws have been enacted to protect both the people we are serving and those honorable people who contribute their time as volunteers. This law requests that volunteers working in sensitive areas undergo procedures that may appear on the surface to be offensive to people giving their time and services. Please bear with us; we are simply taking precautions against the unscrupulous who may try to penetrate our ranks.

CONDITIONS:

I fully understand, acknowledge and agree to the following:

Any or all of the following may be required before placement in any sensitive volunteer position:

- a. Background Investigation b. Fingerprinting c. Substance Abuse Testing

Note: Sensitive areas include: working with youth (including Special Events); handling money; working in areas with access to confidential files.

All statements made in this application are true and authorization is given to investigate all matters contained in the application. Any false statements or misrepresentation on this application will be cause for refusal of placement or dismissal at any time during my placement.

Signature of Volunteer Applicant _____ Date _____
Signature of Parent/Guardian (if volunteer is a minor) _____ Date _____
Home Phone: _____ Work Phone: _____

Please Return To:
Surprise Volunteer Program
15832 N. Hollyhock St.
Surprise, AZ 85378
Phone: 623.222.1500

Office Use:
Date Received: _____ Fingerprinted: _____
Interviewed: _____ References: _____
Department & Supervisor: _____
Database Entry: _____ Orientation: _____